

1. What is the Community Rule?

The Community Rule is a product of the Affordable Care Act—the Federal health care reform law passed by Congress in March 2010—and is intended to support home and community-based (HCB) settings as an alternative to institutional care for participants in Medicaid home and community-based services (HCBS) programs.

Under the Community Rule, HCB settings must meet the following criteria:

- Support the individual's full access to the greater community;
- Be selected by the individual from among setting options;
- Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimize autonomy and independence in making life choices; and
- Facilitate choice regarding services and who provides them.

Provider-owned or controlled HCB residential settings must also meet the following requirements under the Community Rule:

- The individual has a lease or other legally enforceable agreement providing similar protections;
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

2. What is the Delaware Statewide Transition Plan?

The Community Rule includes a transitional period through March 17, 2019 for states to come into compliance with the HCB settings requirements. All states developed a Statewide Transition Plan to outline how their state would come into compliance with the Community Rule by this date. Delaware submitted its Transition Plan for CMS approval on March 17, 2015.

Delaware's Statewide Transition Plan specifies all the services, delivered in both residential and non-residential settings, which will be reviewed to determine compliance with federal requirements in the Community Rule.

Specifically, the Transition Plan outlines the actions that Delaware will take to:

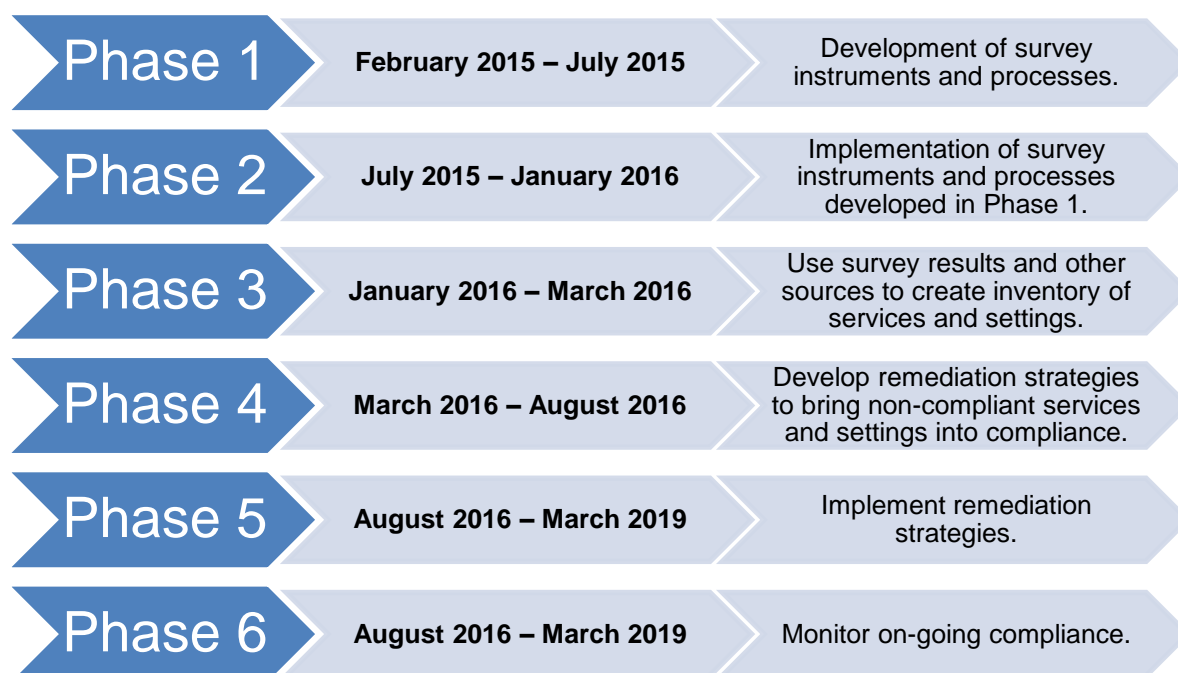
- Assess the current landscape of policies and regulations at all levels, as well as provider settings against the Community Rule;
- Develop and implement strategies to remediate non-compliant situations; and
- Demonstrate full compliance with the Community Rule by March 17, 2019.

A copy of the Transition Plan submitted to CMS can be found at [placeholder for URL].

3. How will Delaware implement the Transition Plan and when will activities occur?

CMS is still in the process of reviewing and approving Transition Plans, but states, including Delaware, are moving forward.

Delaware's Transition Plan will be implemented in six phases over the next four years:



4. How will provider settings be evaluated?

Delaware will develop surveys using CMS guidelines and input from stakeholders. Providers will complete the surveys by reviewing their policies and each of their settings where participants are served. The State will review the results of the surveys, and will conduct an onsite look-behind review of a sample of provider survey results.

5. How will family members be involved in implementing the Transition Plan?

DMMA is committed to including as wide a representation of stakeholders as possible in implementing the Transition Plan. DMMA will continue to engage stakeholders and solicit feedback during the transition process. This will include additional public meetings across the State. Also, at any point significant changes are made to the Transition Plan, the Transition Plan will be modified and posted for public comment. It is critically important that representatives of all types of service recipients be involved, including individuals with the most challenging support needs.

6. My family member receives HCBS in Delaware. How will his/her services be affected by the Transition Plan?

The Transition Plan will help to identify which of the current services and settings meet the characteristics of HCB settings that can be covered under an HCBS program. How services are delivered may or may not need to be modified based on the outcome of the survey process. Services and settings that do not comply with the Community Rule have an opportunity to engage in remediation to come into compliance with the Community Rule before March 17, 2019.

7. What will happen if my family member needs to be relocated from a provider that is noncompliant?

DMMA is committed to making sure participants are safe, protected, and have the services and supports they need. In the event an individual needs to be relocated, the relocation process will be tailored to each individual, and DMMA/DDDS will work with the individual and his/her family/caregiver, provider, etc. to develop a smooth transition process that will protect the health and welfare of participants through the process.

8. How can I get information about the status of implementation?

DMMA has created a webpage specifically designed to provide updates and information related to implementation of the Transition Plan. Information on the Transition Plan implementation can be accessed at http://www.dhss.delaware.gov/dhss/dmma/hcbs_trans_plan.html